



# DRINKING WATER OPERATOR CERTIFICATION CONTINUING EDUCATION CREDIT REPORT

State Form 45674 (R2 / 12-03)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**Mail completed report to:**

Continuing Education Coordinator  
Drinking Water Operator Certification  
Indiana Department of Environmental Management  
P.O. Box 6015  
Indianapolis, IN 46206-6015

To ensure proper credit, the water approval number <b>MUST</b> be submitted
Training course approval number
PWS
Contact hours earned

**INSTRUCTIONS: To ensure proper credit, print legibly.**

*This form must be completed in order for the attendee to get credit. Be sure to record the certification number and the class/grade for each certification for which you are requesting credit.*

*Mail the original form to IDEM at the above address. The Training Provider must retain a copy of the completed form for their records in accordance with 327 IAC 8-12-7-6.*

*Since this is a form of attendance verification, it is requested that this form be distributed during the latter portion of the training session. No credit will be considered when original signatures are not shown.*

Name of certified operator		Mailing Address (number and street)	
City	State	ZIP code	Work telephone number
<input type="checkbox"/> Check here if this is a change of address.			Home telephone number
Title of training course:			
Name of organization offering the course:			
Number of contact hours approved for the course:			
<b>CREDIT APPLIED TO:</b>			
Operator certification number:		Class/Grade:	Expiration Date:
Operator certification number:		Class/Grade:	Expiration Date:
Operator certification number:		Class/Grade:	Expiration Date:
Operator certification number:		Class/Grade:	Expiration Date:
Operator certification number:		Class/Grade:	Expiration Date:
Operator certification number:		Class/Grade:	Expiration Date:
Date attended:		Location attended:	
Number of hours attended and verified:			
Signature of instructor or training provider			
Signature of operator			